

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A	10-10-0	
O.I.P.E. CLASSIFIER	WGW	10/19/01	
FORMALITY REVIEW	TAD	JC/147	10/19/01
RESPONSE FORMALITY REVIEW	AM	917	03-29-02

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 -+ ..... Restricted

N	..... Non-elected
I	..... Interference
A	..... Appeal
O	..... Objected

Claim	Date
Final	Original
1	✓
2	-
3	-
4	-
5	-
6	✓
7	0 0 0 =
8	-
9	-
10	-
11	-
12	-
13	0 ✓ -
14	✓ ✓ ✓
15	0 0 0 =
16	-
17	0 0 0 =
18	✓ ✓ ✓
19	0 0 0 =
20	0 0 0 =
21	✓ ✓ ✓
22	✓
23	0
24	✓
25	-
26	✓ ✓ ✓
27	0 0 0 =
28	-
29	-
30	-
31	0 0 0 =
32	✓ ✓ ✓
33	= = =
34	-
35	-
36	-
37	0 1 1 =
38	1 1 1 =
39	1 1 1 =
40	-
41	✓ =
42	✓ ✓ ✓
43	-
44	-
45	-
46	-
47	-
48	-
49	-
50	-

Claim	Date
Final	Original
51	-
52	-
53	-
54	-
55	-
56	-
57	-
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100	-

Claim	Date
Final	Original
101	-
102	-
103	-
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149	-
150	-

Best Available G'Day

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

6/7/6  
10/27/01